

216034 - 216035
AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC

☒ CLEC

☐ ILEC

☐ Wireless

99269-C
 04-205C

CERTIFICATED COMPANY INFORMATION

| | |
|---|-------------------------------|
| <u>IMAGE ACCESS, INC.</u> | |
| Company Name <u>NEW PHONE</u> | FEIN/SSN <u>5042741720</u> |
| Dbal/fka <u>5555 HILTON AVE, STE 415</u> | Telephone # |
| Mailing Address <u>BATON ROUGE, LA 70808</u> | |
| City, State, Zip Code <u>SAME AS MAILING</u> | |
| Business Location | |
| City, State, Zip Code | County |

REGISTERED AGENT INFORMATION

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|--|
| Registered Agent: <u>CT CORP SYSTEM</u> |
| Mailing Address: <u>75 BEATTIE PLACE</u> |
| <u>GREENVILLE, SC 29601</u> |
| City, State, Zip Code |

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- Jim Dry
- A. **General Manager** (Include Address if different than above)
2252144114 / 12252144111 / JIMDRY@RAZORLINE.COM
 Telephone Number / Facsimile Number / E-mail Address
- Kim Vinnett
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
2253292410 / 12252144111 / KIMVINNETT@NEWPHONE.COM
 Telephone Number / Facsimile Number / E-mail Address
- Jim Dry
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
2252144114 / 12252144111 / JIMDRY@RAZORLINE.COM
 Telephone Number / Facsimile Number / E-mail Address
800-444-4080
- C2. **Customer Contact** (Toll Free Number)
- Kim Vinnett
- D. **Engineering Operations** (Include Address if different than above)
2253292410 / 12252144111 / KIMVINNETT@NEWPHONE.COM
 Telephone Number / Facsimile Number / E-mail Address

RECEIVED
 MAR 27 2009
 PSC
 REG. DEPT.

KIM VINNETT
E. **Test and Repair** (Include Address if different than above)
2252444110 12252444111 1 KIM.VINNETT@NEWPHONE.COM
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)
/ /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Jim Dry
G. **Regulatory Officer** (Include Address if different than above)
2252444110 12252444111 1 JIM.DRY@PSC.SC
Telephone Number / Facsimile Number / E-mail Address

Jim Dry
H. **Dual Party Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Jim Dry
I. **Interim LEC Fund Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Jim Dry
J. **Universal Service Fund Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Jim Dry
K. **Gross Receipts Mailings** (Name)
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

RICHARD JAUBERT
This form was completed by
VP
Title

[Signature]
Signature
1 5-24-03
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201